

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573380

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		1			
5	2		1			
6	0		1			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		23	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS						